Prime Life Limited

Netherlands

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 14 January 2016 and was unannounced.

Netherlands is registered to provide accommodation and personal care for up to 11 people living with a learning disability. There were 11 people living at the service on the day of our inspection.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have the legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated

The Care Quality Commission is required by law to monitor how a provider applies the Mental Capacity Act, 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way. This is usually to protect them. The management and staff understood their responsibility and made appropriate referrals for assessment. Two people currently had their freedom restricted under a DoLS authorisation and the registered provider had made a further five applications to the local authority and was waiting on assessments.

People felt safe and were cared for by kind, caring and compassionate staff. People were kept safe because staff undertook appropriate risk assessments for all aspects of their care inside and outside of the service. Care plans were developed to support people's individual needs. Staff knew what action to take and who to report to if they were concerned about the safety and welfare of the people in their care. People received their prescribed medicine safely from staff that were competent to do so. The registered provider ensured that there were always sufficient numbers of staff on duty to keep people safe.

People were cared for by staff that were supported to undertake training to improve their knowledge and skills to perform their roles and responsibilities. People were given a nutritious and balanced diet and hot and cold drinks and snacks were available between meals. People had their healthcare needs identified and were able to access healthcare professionals such as their GP. Staff knew how to access specialist professional help when needed.

People were at the centre of the caring process and staff acknowledged them as unique individuals. People told us that staff were kind and caring and we saw examples of good care practice. People were always treated with dignity and respect and enabled to follow their hobbies and pastimes and be involved in the local community. People were supported to make decisions about their care and treatment and maintain their independence. People had access to information about how to make a complaint in an easy read format.

The registered provider had robust systems in place to monitor the quality of the service and make

improvements. Staff had access to professional development, supervision and feedback on their performance.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People had their risk of harm assessed.

Staff were aware of safeguarding issues and knew how to raise concerns.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff had received appropriate training, and understood the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.
People were cared for by staff that had the knowledge and skills to carry out their roles and responsibilities.

People were provided with a well-balanced and nutritious diet of their choice

Is the service caring?

Good

The service was caring.

People were cared for by kind, caring and compassionate staff.

People were cared for with dignity and respect.

Is the service responsive?

Good

The service was very responsive.

People were at the heart of the service. They were enabled to take part in a range of innovative activities of their choosing that met their social needs and enhanced their wellbeing.

A complaints policy and procedure was in place in an easy to read and pictorial format that was accessible to people.

Is the service well-led?

Good

The service was well-led.

People had a voice and were involved in developing the service.

Staff were supported through supervision and appraisal.

The registered manager had completed regular quality checks to help ensure that people received safe and appropriate care.

Netherlands

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

The inspection took place on 14 January 2016 and was unannounced.

The inspection team was made up of two inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We used this information to help plan our inspection.

We also looked at information we held about the provider. This included notifications which are events which happened in the service that the registered provider is required to tell us about.

During our inspection we spoke with the registered manager, the area operations manager, two members of care staff, four people who lived at the service, one visitor and two people external to the service who provided activities. We also observed staff interacting with people in communal areas, providing care and support.

We looked at a range of records related to the running of and the quality of the service. This included two staff recruitment and induction files, staff training information, meeting minutes and arrangements for managing complaints. We looked at the quality assurance audits that the registered manager and the provider completed. We also looked at care plans for four people and medicine administration records for six people.

In addition, we undertook a Short Observation Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People told us that they felt safe living at the service. One person said, "They look after me and I feel very safe." Staff, people and their visitors had access to information on raising a safeguarding concern to the local safeguarding authority with telephone contact details.

There were systems in place to support staff when the registered manager was not on duty. Staff had access to major incident procedures that included plans to be actioned in an emergency situation such as a fire or electrical failure. In event of people being evacuated from the service, contingency plans were in place to accommodate people in others services run by the provider. At night, staff carried a pager that linked them directly to the on-call senior member of staff available out of hours for support. Staff also had guidance and contact details for bank staff if there were short notice staff absences to fill.
We saw copies of a staff handover sheet that was shared when staff came on and off duty. Staff passed on key information such as when a person was not in the service, where they were, who they were with and when they were expected to return.

People had their risk of harm assessed. We found that a range of risk assessments had been completed for each person for different aspects of their care and life in and out of the service such as using the equipment in the laundry, talking with strangers and crossing the road.

Staff were aware of individual risks of harm to people and also knew how to recognise signs of abuse and who to report their concerns to. One staff member told us, "People have their risk assessed to prevent harm or danger. We recognise hazards and keep their environment safe." Another staff member said, "They may withdraw from normal activities, may cry or be afraid. I would report to safeguarding, the number is in the book with other useful numbers."

We looked at two staff files and saw that there were robust recruitment processes in place that ensured all necessary safety checks were completed to ensure that a prospective staff member was suitable before they were appointed to post. We spoke with a staff member who had recently completed a period of induction and probation. They told us that they had been well supported throughout and added, "Throughout my induction I was extra to the other staff. I was introduced to people and not left to work on my own for the first week. It gave me the opportunity to read care plans and get to know people and ask them how they liked things done."
We saw that the registered manager evaluated staffing levels and skill mix to reflect the care and support needs for people in relation to activities in and out of the service. For example when people went on holiday together, staffing levels were increased to support them.
We saw that people were well supported by staff to undertake their daily cleaning and kitchen duties as well as planned and unplanned activities and pastimes. We observed that when one person actioned their call system from their bedroom that this was answered immediately.

After people had their breakfast we observed medicines being administered and noted that appropriate safety checks were carried out and the administration records were completed once the person had taken

their medicine. We saw that people were empowered to understand their medicines and had information about the medicines they took, the reason for taking them and any common side effects to look out for.

We looked at the medicine administration records (MAR) charts for six people and saw that each had a photograph from identification purposes. Furthermore, any known allergies were documented, how the person liked to take their medicine and if their medicine was in tablet or liquid form. We saw that two people had a special plan for emergency medicine to be given when they had a seizure to ensure that it was administered safely. In addition there were protocols for administering as required medicines, accessing emergency prescriptions and availability of out of hours chemists.

All medicines were stored in accordance with legal requirements, such as locked cupboards and medicines trolleys. There were processes in place for the ordering and supply of people's medicines to ensure they were received in a timely manner and out of date and unwanted medicines were returned promptly. Staff had access to guidance on the standards for the safe use of medicines and the medicines policy.

Good

Is the service effective?

Our findings

People were cared for by staff that had the knowledge and skills to look after them. This was because all care staff undertook mandatory training in key areas such as safeguarding, deprivation of liberty safeguards and dignity. In addition, staff were provided with training in areas specific to the care needs of individual people, such the care of a person living with autistic spectrum disorder. Furthermore, some staff had designated lead roles in key topics such as medicines, nutrition and dignity and acted as a helpful resource to their colleagues. We found that to ensure that staff maintained their knowledge and skills their training needs for 2016 had been identified and sent to the provider for approval. Furthermore, staff received a quarterly supervision session with a senior member of care staff or the registered manager and also had an appraisal twice a year. We looked at supervision records for two members of staff and saw that their feedback was positive and their professional development needs had been identified.

We observed that people's consent to care and treatment was sought by staff. For example, we saw that people had given their signed consent to have their photograph taken for identification purposes. In addition, people had signed a document called "partnerships in care" that explained what care they received and was in an easy read picture and word format to help them understand. There was a pictorial glossary of the key words used to describe their care. Furthermore, care staff were aware of the need to seek verbal consent from people. A member of care staff said, "I always ask for their consent, try to help them understand what care I am going to give them. Make sure they are happy with it." Where a person lacked capacity to give their consent staff followed the principles of the Mental Capacity Act 2005 (MCA).

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that two people were lawfully deprived of their liberty and a further five applications had been submitted to the local authority and were waiting for assessments. The provider had properly trained and prepared their staff in understanding the requirements of the MCA and DoLS.
We saw that people were provided with a nutritious and well balanced diet made with fresh produce. People had access to hot and cold drinks and snacks and fresh fruit between meals. We observed lunchtime and saw that people ate together and enjoyed their meal. One person said, "It's very nice. I enjoyed it."

People met together once a month to discuss the menu plans with staff and we found that the meeting minutes were and presented in an easy read format so as people could look back in what had been discussed and agreed. Staff had the knowledge to advise people about healthy options as they had all attended training in nutrition. We saw photographs of healthy diet options on display in the kitchen. Furthermore, to help some people make their meal choice at lunchtime, photographs of the available

choices were on display in the dining room and these were changed at each mealtime. Two people chose to have an alternative meal to the main lunchtime option.

We saw that people's individual preferences and special dietary needs were catered for, such as one person chose to have a vegetarian diet, and another person was allergic to nuts. Advice on food allergies and intolerances were on display in the kitchen and both staff and people who were involved in meal preparation were aware of these.

When needed, health professionals were consulted for advice. For example one person had difficulty swallowing some types of food and staff had sought support from the speech and language therapist who provided advice on a diet rich in low risk foods.

People received regular health checks from their GP and supporting healthcare professionals. We saw that care staff kept a record of all professional visits and outpatient appointments. Care staff told us that there was a process to follow when a person was admitted to hospital in an emergency to ensure that all relevant information was passed on and their care needs were met. They told us, "We send people with a "grab sheet" that tells hospital staff all about their needs and preferences. We also send a copy of their medicine chart." Some people had health action plans, for example one person had an exercise programme for chronic arthritis. We saw from care files that several health professionals would discuss with a person options for their care and treatment and the most favourable outcome would be achieved.

Good

Is the service caring?

Our findings

We saw that people were looked after by kind, caring and compassionate staff. Also, people told us that they were well cared for. One person said, "I am happy living here." Another person told us, "The staff are nice." We observed that care staff and the registered manager knew the people well and people and staff had a good relationship with each other. One staff member said, "It's a lovely home. The size is nice and it has a homely atmosphere."

We spoke with one person's visitor who told us that they visited often and always found the service caring and shared with us how staff had supported their friend through the transition from their own home to the service. They said, "It very nice, it's lovely. [Person's name] took a period of adjustment, initially resented being looked after, likes it now, staff have helped them to settle. They feel safe and secure now. They are known well locally and it's good that they are in their local environment."

Furthermore, we found that staff supported people when they were unwell. For example, one person's visitor told us that when their friend was unwell the registered manager arranged for extra staff to cover overnight so that their friend had someone to sit with them.

We found that people were at the centre of the caring process and were actively involved in making decisions about all aspects of their care and the environment. We observed that staff enabled people to maintain their independence. For example, the service did not employ housekeeping, laundry or catering staff and people were supported to undertake housekeeping activities, such as putting the shopping away, doing their personal laundry and preparing meals. We observed a member of staff assist one person to prepare the lunchtime meal and another person set the dining tables for lunch.

To assist people who had difficulty reading and writing to understand important information, relevant documents such as fire evacuation procedures were accessible in an easy read format. We saw that signage throughout the service was in a word and picture format that people understood. This was because people themselves had been actively involved in designing and painting the signage. We noted that to help people familiarise themselves with the local area maps and guide books were available.

Care staff spoke of the benefits to a person's wellbeing because they had found effective ways of communicating with them. One staff member told us, "They were unable to communicate verbally, but we have found ways to interact with them more and they have broaden the way the communicate now."

Although people had access to food and drink at any time of the day, an innovative approach had been taken to orientate people to the times of day when meals were served. We saw that there were four clocks in the dining room and each one had a shaded area representing the time that a meal was served. For example, breakfast was shaded from 6am to 11am and supper from 8pm to 10pm.

When a person had complex decisions to make they were supported by an advocate. For example, we found that one person had an advocate appointed to support to them to make decisions about moving into the

community. Advocates are people who are independent of the service and who support people to make their own decisions and communicate their wishes. We saw that people had set personal goals of things they wanted to achieve. We found that they were supported by an occupational therapist to maximise their independence to shop for essentials such as food and be safe in the community.

One person was supported to look after their guinea pig and another person looked after tropical fish. The person who looked after the guinea pig told us about the daily routine they followed and said, "I was encouraged to have my own pet." The registered manager told us that looking after their pets gave people a sense of independence and improved their wellbeing.

We saw that people were treated with dignity and respect by staff and staff spoke to people in a kind and caring way. Staff told us that this was people's own home and they respected how they wished to furnish and decorate it. We found that people's bedrooms were personalised and they had been involved in choosing their wallpaper and bedding. Some people invited us to look at their bedroom. One person said, "I like my room and I can spend as much time here as I want. I have all my own belongings and my craft materials." Furthermore, staff were aware of how to maintain a person' dignity when receiving personal care. For example one member of staff said, "I keep their door closed and ensure the blinds and curtains are shut. Always use their preferred name."

Good

Is the service responsive?

Our findings

People had care plans tailored in response to their individual needs and they were actively involved in writing and reviewing their care plans. To enable people to understand what was recorded about them, their care plans and other personal records were written in an easy read and pictorial format. The use of pictures enabled people to relate better to their identified care needs. In addition, people were involved in writing their story and personal details that care staff should know about them in words, pictures and photographs. We noted this included their current likes and dislikes and preferred order and routine to their daily life. We found that this was important to one person as they did not like any changes to their normal routine and had recorded that they liked to shower every morning and enjoyed chatting with their peers in the evening and having a sing song. We also saw that there was a section called "what I like to do at the weekend", the registered manager said, "This gives a purpose to their week."

People were supported to take part in hobbies and pastimes of their choice. We found that they had a busy schedule tailored to their likes and preferences; such as following their interests in and out of the service and maintaining links with family and friends. The walls in shared rooms and hallways were decorated with their own artwork and photographs of people and their friends taking part in activities. In addition, people were supported to develop existing skills and to discover new ones. For example, we spoke with one person who did not realise that they had a creative talent for crafts until they moved into the service and received one to one time from an arts and crafts coordinator. They spoke with pride when they showed us some of their achievements, including a bed quilt. The person had recently gone on tour with the local Quilters Guild and their work has been put on display in a national gallery.

During the morning people were busy doing household chores or taking part in art and crafts or in an indoor sports activity. The people who took part in the arts and crafts activity were proud of their achievements and showed us what they had made that morning. Some had made a bag and others birds made out of felt.

One person was supported to travel to a local town to visit their hairdresser, have lunch and buy craft material and others were invited to an afternoon social event and tea at a neighbouring service. We saw that two people attended a twice weekly evening event in the local community centre specifically for people living with a learning disability.
We found that all the people who live in the service recently went on holiday together with care staff to a local seaside resort. One person said, "We had parties and entertainment and dancing." They showed us photographs of their holiday and we saw that people had an enjoyable time.

Staff supported people to maintain contact with relatives and friends and maintain relationships with others who mattered to them. One person had a boyfriend and they planned to marry them. We saw that staff supported them in their decision.

People celebrated religious and cultural festivals. For example, we saw that plans had been made to celebrate the Chinese New Year with a party on 6 February. In addition, people were supported to follow their religion or faith; one person was regular church goer and arrangements had been made for this person

to be picked up and dropped off at the service every Sunday.

An activity journal was kept that recorded all the events and pastimes that people had taken part in. Staff recorded who had been involved and people's feedback on the event. We saw comments people made following a recent sport event were positive and included, "I enjoyed it. Thanks mate." In addition, staff took photographs for people to look back on.

There were procedures for managing compliments and complaints. A complaints book and policy were assessable to people in an easy read format. We saw that the provider had received one formal complaint in the last 12 months and this had been responded to appropriately. Furthermore, people were asked for their feedback on the service and there were forms available for them to complete.

Good

Is the service well-led?

Our findings

We found that the service was well known in the local community. One member of staff explained, "It's a small town and people like walking in town. They go into the local shops and cafes and know a lot of people."

People, were invited to attend a regular "house" meeting where they discussed topics relevant to their wellbeing and had their say about the smooth running of the service. We saw that the agenda for the meeting planned for 16 January 2016 was action packed and included future holidays, menus, activities and trips out. We noted that these meetings were well attended and all the people who lived in the service had attended the previous meeting in December 2015. People received a copy of the minutes in an easy read format and all topics discussed had an action set against them.

Staff met regularly with the registered manager and we looked at the minutes from their meeting held on 7 December 2015. In addition to regular agenda items such as nutrition and keeping the service clean, staff were encouraged to bring their own topics for discussion with their colleagues. Staff told us that the service was a good place to work and that they enjoyed their job. We saw that the registered manager was a visible leader and staff and people could approach them at any time. One staff member said, "I feel confident in my role, but I can approach the manager when I need to."

Staff were aware of whistleblowing and had access to information about whistleblowing procedures with contact telephone numbers. We found that the provider valued people and members of staff. This was evident from their vision and mission statement. The registered manager had the support of two area managers and could call on them at any time.

The registered manager was aware of the events that were notifiable to CQC as part of the provider's registration requirements; such as when a person was subject to a DoLS authorisation or if there was an untoward accident or incident. We found that the registered manager supported staff to learn from avoidable incidents. For example, one person had previously absconded from the service and to prevent similar incidents all external doors had sensors fitted to alert staff when an external door was opened.

There was a programme of regular audits that covered key areas such as internal and external medicines and dignity. We saw that most audits were carried out monthly and the registered manager was able to recognise emerging trends and take immediate action. The registered manager told us that the outcomes of the quality audits were shared at team meetings and lessons were learnt and action plans were put in place. The registered manager had identified areas of the service that required attention, such as the shower room and these would be brought up at the next maintenance audit due on 25 January 2015.

We saw that the registered manager supported staff to deliver best practice and provided staff with national guidelines on several areas of care, such as medicines. Furthermore, the service had achieved an award from Investors in People. Investors in people is an international award that sets standards for managers to be effective leaders, supporters and managers.